



2710 WINONA AVENUE
BURBANK, CA 91504

T 818.565.0550
F 818.565.0535
www.csatf.org

APPLICATION FOR PLACEMENT

- INDUSTRY EXPERIENCE ROSTER
- TELEVISION COMMERCIAL ROSTER
- DUAL CREDENTIAL SUBSTITUTE LIST

LOCAL#: _____ CLASSIFICATION SOUGHT: _____

PLEASE COMPLETE THIS APPLICATION CAREFULLY AND ACCURATELY. IT BECOMES PART OF YOUR PERMANENT RECORD.

PLEASE PRINT LEGIBLY

Date: _____

LEGAL NAME: _____ SOC. SEC.#: _____
 (Last) (First) (Middle)

ADDRESS: _____
 (Street) (City) (State & Zip Code)

HOME PHONE: _____ PAGER: _____ CELLULAR: _____

E-MAIL: _____

Do you have a legal right to work in the U.S.
 (If employed you may be required to submit proof of citizenship or permanent residence.)

Yes **No**

Is there any function of the job for which you are applying which you are unable to perform without reasonable accommodations?
 If yes, please identify that function (if you are not sure of the functions of the job for which you are applying, please request a job description.)

Yes **No**

Is there any pending criminal charge (felony or misdemeanor) against you which is unresolved?
 If so, describe in detail. (Use remarks section on reverse side if more space is needed.)

Yes **No**

Have you ever been convicted of any felony which has not been judicially expunged, sealed or eradicated?
 If yes, describe in detail. (Use remarks section on reverse side if more space is needed.)

Yes **No**

Ethnic Origin (not a condition of roster placement): Amer. Indian Asian or Pac. Isl. Black Cauc. Hispanic Other

PREVIOUS EMPLOYMENT (FOR THE LAST TWO YEARS)

(List last position first, including volunteer work and military service OR you may attach a resume)

DATES	NAMES AND ADDRESSES OF EMPLOYERS	SALARY	WHAT DID YOU DO?	REASON FOR LEAVING
From				
To				
From				
To				
From				
To				

USE ADDITIONAL SHEET IF NECESSARY

CONTINUED ON THE REVERSE SIDE



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EDUCATION (BEGIN WITH LAST HIGH SCHOOL ATTENDED)

	NAMES OF SCHOOLS (INDICATE CITY AND STATE)	MAJOR/MINOR	DIPLOMA/DEGREE AWARDED/YEAR	IF YOU DID NOT GRADUATE, EXPLAIN WHY (OPTIONAL)
HIGH SCHOOL				
JUNIOR COLLEGE				
COLLEGE				
POST GRADUATE				
TRADE OR BUSINESS				

Other name(s) under which applicant's employment or educational references or records may be verified:

Indicate any specialized or technical training: _____

IN CASE OF EMERGENCY NOTIFY:

_____ (NAME) (ADDRESS) (PHONE)

CERTIFICATION

APPLICANT: PLEASE READ CAREFULLY BEFORE SIGNING THE APPLICATION FORM

I hereby certify that the facts and information contained in this application are correct and complete, and I authorize C.S.A.T.F. and its agents to investigate any and all of the statements that I have made. I also authorize all persons and institutions, including my previous employers and the schools that I attended, to provide C.S.A.T.F. with any information that it requests in connection with this investigation. I hereby release all of those persons, institutions and C.S.A.T.F. from any and all liability for any damages arising from the investigation. I understand that false statements on this application or omissions of material information may result in my roster status being reviewed and my name being removed from the roster. Finally, I acknowledge that no promises or representations have been made to me other than those which are contained in this document. I agree to abide by all C.S.A.T.F. rules and regulations as they now or may exist in the future.

I HAVE READ AND UNDERSTAND THE ABOVE:

DATE: _____ APPLICANT'S SIGNATURE: _____

USE THE SPACE BELOW FOR ANY ADDITIONAL REMARKS